

FILED JUN 20 1947
318

Registrar's No. 5933

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis mo
(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Wks
(Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Louis, 9/6
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6436 Alamo 3
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME ISAAC SOROKY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Clara Soroky 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 57 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Insurance

12. Name Isaac Soroky

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Haga

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Soroky

(b) Address 6436 Alamo

17. (a) Russia (b) Date thereof 6-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Emoth

18. (a) Signature of funeral director Ovenkandler

(b) Address 5010 Enright

19. (a) 18 (b) F. Bradesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from MAY 1947 to JUNE 17 1947
that I last saw him alive on JUNE 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF COLON Duration 1 YA
METASTASES
Due to to LUNGS

Due to H/O
Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy CARCINOMA COLON
METASTASES

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? IC Midway (Specify type of place) (c) Means of injury G

23. Signature J.C. Midway (M. D. or other)
Address 412 N. Taylor Date signed 6/17/47

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

6
7
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. J. Overlander

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.